

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598,171

FILING DATE

8-20-06

APPLICANT(S)

after

*Article
34*

CLAIMS

	AFTER		AFTER			
	1 ST AMENDMENT	2 ND AMENDMENT	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3-				
5		3-				
6		3-				
7		3-				
8		3-				
9		3-				
10		1				
11		1				
12	1					
13		1				
14		2				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		8				
22		8				
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	34	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						